



CODE 3

Hospitals need to start care before dialing 9-1-1

by Kelly Harrell

Should a hospital call 9-1-1 to summon EMS instead of treating its emergent patients? Obviously, no—but that’s what happened at a small physician-owned hospital in Abilene in 2007. When West Texas Hospital staff noticed a spine surgery patient was in respiratory distress in the middle of the night, they called 9-1-1. Paramedics intubated and transported, but it was too late. The patient died later at a nearby hospital.

But if EMS is supposed to provide emergency care, what’s the problem? Plenty, according to officials at the Centers for Medicare and Medicaid Services (CMS).

“All hospitals are required to appraise medical emergencies, provide initial treatment and referral when appropriate, regardless of whether the hospital has an emergency department,” says David Wright, associate regional administrator in CMS’s Division of Survey and Certification in Dallas. CMS requires hospitals to adhere to certain conditions, such as providing basic emergency care interventions, to receive Medicare reimbursement. About 95 percent of the hospitals in Texas are Medicare-certified and eligible to receive federal funding. CMS found that West Texas Hospital did not meet those requirements and in March of 2007, the facility lost Medicare funding. It has since closed.

“A hospital is not in compliance . . . if it relies on 9-1-1 services as a substitute for the hospital’s own ability to provide services,” Wright says.

According to CMS, hospitals—even those without emergency rooms—have three requirements for responding to emergencies within their facilities. First, an RN trained to conduct initial assessment of the patient must be immediately available. Medical direction may be on-site or on call. Second, initial treatment from an RN qualified to provide initial emergency treatment must be immediately available. And finally, there must be policies and procedures in place that enable staff to recognize the need for referral and assure a transfer to a facility able to treat the patient.

A memo issued by CMS to clarify its position after the incident in Abilene says that a hospital can arrange for a transfer using its own or a contracted transfer or,

“in extraordinary circumstances,” use EMS via the 9-1-1 system. Even if a patient is transported by EMS, hospital staff is still obligated to start care, arrange the transfer and send medical information with the patient. In other words, EMS could be called in to do a transport, but the hospital should have started at least basic emergency care by the time medics arrive.

“We recognize there might be rare instances where the hospital might call 9-1-1 to provide rapid transfer, but that’s different from providing initial care,” Wright says.

Officials admit they haven’t heard of many hospitals in Texas calling 9-1-1 for emergency response. Since the 2007 complaint against West Texas Hospital, several incidents have been reported but no violations found. Wright is concerned that incidents may be underreported.

“(West Texas Hospital) was the first complaint we had that dealt with 9-1-1 as a means to provide emergency care,” Wright says. “I think frankly EMS doesn’t know what a hospital is supposed to do. And in dealing with this issue and others, I’ve found that EMS providers in general are hesitant to complain.”

So how do you recognize a violation? Pay attention to what has been done for the patient before EMS arrives.

“When (EMS) arrives on scene and (hospital staff) are waiting for EMS to provide initial intervention, that’s the tip-off,” Wright says. Think of it from a quality patient care perspective: If nothing has been done for a hospital patient by the time EMS arrives and the patient would rapidly deteriorate from lack of medical care if EMS was not there, something is wrong. And that’s not good patient care.

If EMS personnel suspect a violation, they can file a complaint with DSHS by phone, fax, letter or email. (See box for contact information.) DSHS staff triages and prioritizes the complaints, then assigns them to investigators, says Derek Jakovich, manager for the Patient Quality Care Unit. (Jakovich also manages the EMS Compliance Unit, which coordinates EMS complaints.) DSHS acts as an agent for CMS when investigating complaints.

But rules and regulations aside, is a hospital who calls 9-1-1 instead of assessing and treating providing good patient care? Obviously not, as precious minutes tick by while EMS responds. The scenario isn’t fair to the patient, nor to EMS, who when responding to a hospital should reasonably expect treatment to be initiated. CMS hopes EMS providers witnessing what they believe is a violation will report it to DSHS.

“If EMS believes a hospital is using them in lieu of a hospital-based response to emergencies, they should file a complaint with the state or CMS,” Wright says.

You might just save a life.

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How can EMS file a complaint?

Complaints may be made by phone, fax, letter or email and may be made anonymously. All complaints are triaged, prioritized and assigned to DSHS Health Facility Compliance investigators. DSHS acts as an agent for CMS in investigating complaints.

Phone: (888) 973-0020
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